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	EMERGENC! VISIT RECORD	Primary Provider 3 2	1-11-1-24
5/1/	•	Other Providers	4
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Triage Time Triage Initial:	$\cap$		
Room #/2	Informant:	-	
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Injury Cause: Inj Place:	Employ, Related: Y N In/Acc Form initiated	E Y N ETOH: Y N	99285 ER Visit
	Employ. Related: Y N In//Acc Form Initiated	E Y N ETOH: Y N	99291 Critical Care 1st hour
Store Plan for		· m	99292 (99291 +) 30 Min.
Problems		Remove Pien s	Other:
Education: AFTERCARE INSTRUCTIONS GIVEN PI	VIIS Y N N/A ER Flowsheet Att		<b>Y</b> /
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	F/U or Referral to:		
03-53-62 M DDB 03/30/67		·	
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4/19/03@07:07 CLIN 80	participation of the second	April 19	
VALDEZ ACCT 6165682			Providen Signature
Data			
Date	ne Medicare Medicaid 3rd party Ins.		Onto Of Inlumi
4-19-03 Billing type: No.	ne Medicare Medicaid 3rd party Ins.	W/C MVA I	Date Of Injury:

Allen (ANMC) - 1